

DECLARATION AND POWER OF ATTORNEY

Sole/Joint

Attorney's Docket No:
PHGB 010015 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD OF IMPROVING THE CONDUCTIVITY OF TRANSPARENT CONDUCTOR LINES

the specification of which (check one)

☒ is attached hereto

☐ was filed on _____ as Application Serial No: _____ and was amended on _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY Claimed Under 35 U.S.C. 119
GREAT BRITAIN	0102756.4	03-02-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No 26,902
Algy Tamoshunas, Reg. No 27,677

SEND CORRESPONDENCE TO: Corporate Patent Counsel U.S. Philips Corporation 580 White Plains Road Tarrytown, New York 10591	DIRECT TELEPHONE CALLS TO: (Name and telephone number) (914) 332-0222
---	---

Dated: 20th DECEMBER 2001		Inventor's Signature: Ian D. French	
FULL NAME OF INVENTOR:	Last name: FRENCH	First Name: Ian	Middle Name: D.
RESIDENCE & CITIZENSHIP	City: HOVE	State or Foreign Country: ENGLAND	Country of Citizenship: GREAT BRITAIN
POST OFFICE ADDRESS	Street & No: 55 BERRARDALE AVE,	City: HOVE	State or Country: ENGLAND Zip Code: BN3 454

Dated: 20-12-2001		Inventor's Signature: Pieter van der Zaag	
FULL NAME OF INVENTOR:	Last name: Van der ZAAG	First Name: Pieter	Middle Name: J.
RESIDENCE & CITIZENSHIP	City: PYRFORD	State or Foreign Country: ENGLAND	Country of Citizenship: THE NETHERLANDS
POST OFFICE ADDRESS	Street & No: 37 DEAN CLOSE	City: PYRFORD	State or Country: ENGLAND Zip Code: GU22 0PX

Dated: 02-01-02 (2nd JANUARY 2002)		Inventor's Signature: Daan L. de Kubber	
FULL NAME OF INVENTOR:	Last name: De KUBBER	First Name: Daan	Middle Name: L.
RESIDENCE & CITIZENSHIP	City: ROERMOND	State or Foreign Country: THE NETHERLANDS	Country of Citizenship: THE NETHERLANDS
POST OFFICE ADDRESS	Street & No: BERGSTRAAT 5A	City: ROERMOND	State or Country: THE NETHERLANDS Zip Code: 6041 ES

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP	City	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS	Street & No:	City:	State or Country: Zip Code:

BEST AVAILABLE COPY